



Docket No. 0575/59167 JPW/BJA/AHM

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TECH CENTER 1600/2900

In re application of: David J. Pinsky

Serial No.: 09/374,586

Examiner: Chen

Filed: August 13, 1999

Group Art Unit: 1633

For: CD39/ECTO-ADPASE AS A TREATMENT FOR THROMBOTIC AND ISCHEMIC DISORDERS

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

June 10, 2003

S I R:

Transmitted herewith is an amendment to the above-identified applications.

☒ Small entity status of this application under 37 C.F.R. § 1.27 has been established by a verified statement previously submitted.

☐ a verified statement to establish small entity status under 37 C.F.R. § 1.9 and §1.27 is enclosed.

☒ No additional fee is required, other than the \$110.00 fee for the one-month extension of time.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
Total Claims	23	-	* 29	=	*** 0	X	9	18	=	0	0
Indepen- dent Claims	4	-	** 4	=	*** 0	X	42	84	=	0	0
Multiple Dependent Claim(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No For First Time:							140	280		0	0
							TOTAL ADDITIONAL FEE		\$ 0.00		

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in the this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than

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"0", write "0" in the space.

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed.

\_\_\_\_\_ Please charge Deposit Account No. 03-3125  
In the amount of \$ \_\_\_\_\_.

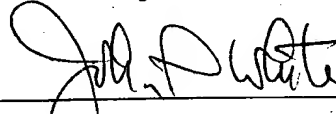
\_\_\_\_\_ A check in the amount of \$ \_\_\_\_\_ is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three Copies of this sheet are enclosed.

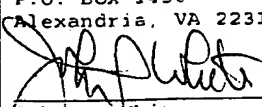
X Any filing fees under 37 C.F.R. \$1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. \$1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:	
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